

Medi-Cal Program Guide Letter #621

December 19, 2007

Subject **County Medical Services (CMS) Certification Period, Medical Need Verification at Recertification, and Clarification Regarding Transfer of Property Period of Ineligibility.**

Effective Date December 01, 2007

Reference County Policy

Purpose The purpose of this letter is to provide staff with instructions regarding:

- the standard certification period for the CMS Program,
- a new requirement to verify medical need at CMS recertification, and
- a clarification regarding transfers of property which result in a period of ineligibility.

Background **Certification Period:**
Effective December 1, 2006, CMS certifications were temporarily amended to a:

- 3-Month certification for those patients referred to apply for:
 - DAPD (clinic only), and
 - UIB, SDI, SSA Retirement, or other unconditional available income, where if included in budget, the applicant would be income ineligible.
- 6-Month certification for those patients:
 - referred to apply for UIB, SDI, SSA Retirement, or other unconditional available income, where if included in the budget, the applicant would not be income ineligible.
 - recertifying with an expired or lost I-551 immigration document
 - residing in a Drug Rehabilitation Center.
- 12-Month certification for those patients who:
 - have applied for UIB, SDI, SSA Retirement, or other unconditional available income (and the anticipated income does not create income ineligibility),
 - have provided all necessary verifications and
 - have no foreseeable change in circumstances which affects eligibility. **Note:** No changes were made to the 12-month certification for “Chronic” patients.

**Background
(continued)**

Medical Need:

The CMS Program is defined as a program of last resort for indigent individuals who have a serious medical need. CMS is not health insurance, as it is meant to only be accessed to address urgent health issues for individuals who are not eligible to any other program and who do not have insurance to cover the medically needed service.

Period of Ineligibility:

Article A currently states that CMS requires the evaluation of all situations where the applicant transferred property without adequate consideration and that property transferred more than 2 years prior to the date of application will not affect eligibility.

Article A does not specifically state that property transferred without adequate consideration within 2 years of the application date shall result in ineligibility. Clarification is therefore required.

Change

Certification:

Effective 12/01/07, the standard CMS certification period is a maximum of 3 months, if otherwise eligible. No changes are made to the 12-month certification for "Chronic" patients identified in IDX with a "Chronic" indicator. The temporary use of 6 month and 12 month (non-chronic) certification is discontinued effective 12/01/07.

On December 3, 2007, Health Care Policy Administration (HCPA) sent an email to Health Coverage Access (HCA) staff informing them of the new standard certification for the CMS Program. The email instructed staff to revert back to 3 month standard certification period and only continue a 12 month certification period for those patients identified as chronics by AmeriChoice.

Medical Need:

At certification, the worker shall provide all CMS patients with a medical need form (in addition to referring the patient to apply for Medi-Cal DAPD and/or unconditional available income). The worker will advise the patient that if they have an ongoing medical need and they require CMS coverage past the certification period, the medical need form must be completed by their physician and mailed to the CMS Administrative Services Organization (AmeriChoice) prior to scheduling their next recertification appointment. This form is a requirement for the next recertification appointment. The patient will not be given an eligibility appointment if the completed form is not received. The worker shall narrate the explanation to the applicant in the case file.

Change
(continued)

HCPA staff will be identifying those patients certified CMS in the month of December (prior to the issuance of MPG Letter #621) who were not advised of the new requirement to verify the medical need at recertification and were not given the CMS Medical Need Form. HCPA staff will mail a letter to these patients along with the CMS Medical Need Form (HHSA: CMS-127) advising them of the new requirement for recertification. A copy of the letter given will be given to HCA for workers to file in affected cases.

Period of Ineligibility:

As clarification, the MPG, Article A now specifies that property transferred without adequate consideration *within* two years of the application date will result in a period of ineligibility. Please see Article A-5-3E (2).

Verification Requirement

CMS Medical Need Form (HHSA: CMS-127) will be required before a recertification appointment is provided to the beneficiary. A recertification cannot be approved without a complete CMS-127 indicating a provider's verification of continued medical need.

Automation Impact

None.

Forms

CMS Medical Need Form (HHSA-CMS-127) are ordered directly from and kept in stock by HCA

Form	Name
HHSA:CMS-127/HHSA:CMS-127 (SP)	County Medical Services (CMS) Medical Need Form
HHSA:CMS-39A/HHSA:CMS-39A (SP)	Notice of Action

Quality Assurance Impact

Effective with the January review month, Quality Assurance will cite with the appropriate error any case that does not comply with the requirements of this letter.

Appeals Impact

There is no change from the current appeal process for all issues regarding eligibility.

**Filing
Instructions**

The table below shows how to file the MPG material.

Remove pages:	Replace with pages:
Article A-2-i Article A-2-5 Article A-2-9 Article A-2-12 Article A-5-i Article A-5-4 Article A-5-7	Article A-2-i Article A-2-5 Article A-2-9 Article A-2-12 Article A-5-i Article A-5-4 Article A-5-7
Article A-7-i Article A-7-1 through A-7-2 Article A-7-4	Article A-7-i Article A-7-1 through A-7-2 Article A-7-4
Article A-9-i Article A-9-3	Article A-9-i Article A-9-3 Appendix B

**Managers
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